



The Commonwealth of Massachusetts
Executive Office of Public Safety
State Boxing Commission

ADMINISTRATION USE ONLY! DO NOT
WRITE IN THIS AREA!

This License was granted:

Date: _____

Expires: _____

License No: _____

FEE: \$ 50.00

APPLICATION FOR LICENSE AS A PHYSICIAN

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 147, GENERAL LAWS, AND RULES AND REGULATIONS OF THE
MASSACHUSETTS STATE BOXING COMMISSION

DATE _____, 19_____

I hereby make application for a license to act as a Physician at Professional Boxing events.

(Please Print With Ball Point Pen)

Name		Assumed or "Ring" Name	
Address		Telephone No. ()	
City	State	Zip	Country

DATE OF BIRTH: Mon. _____ Day _____ Yr. _____ PLACE BORN: City _____ State _____ Country _____

HEIGHT: _____ ft. _____ in. WEIGHT: _____ lbs. COLOR EYES: _____ HAIR: _____

COMPLEXION: _____ DISTINGUISHING MARKS: _____

OCCUPATION: _____ EMPLOYER: _____

EMPLOYER ADDRESS: _____ TELEPHONE NO. () _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

Medical School graduated from: _____ Year: _____

Licensed Physician in Massachusetts since: _____

Describe your experiences in Boxing that would support your being granted a license. (Continue on a separate sheet if needed.)

Have you ever held a License to be a Boxing Physician in Massachusetts? YES NO

Have you ever been licensed to be a Matchmaker in other states? YES NO
Which? _____

Have you ever been convicted of a felony or misdemeanor in the past ten (10) years?	YES	NO
Date Offense Court		If YES, please provide details: Disposition

A TRUE STATEMENT MADE UNDER THE PENALTIES OF PERJURY

* Signature of Applicant _____

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties that I, to my best knowledge and behalf, have filed all state returns and paid all state taxes required under law.

_____	_____
** Social Security	* Signature of Individual or Corporate Name
_____	By: _____
Federal Identification Number	Corporate Officer (If Applicable)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of M.G.L. c. 620 section 49A.